Marshfield Labs
A division of Marshfield Clinic

Syphilis Test Algorithm

	Syphilis Total (IgG +IgM)	RPR (with titer)	TP-PA	Final Interpretation
1	Non-reactive	Not Performed	Not Performed	No serological evidence of infection with T. pallidum. Early or incubating syphilis infection cannot be excluded.
2	Equivocal	Non-reactive	Non-reactive	Most likely a false positive SypT result. If the history is strongly suggestive of syphilis, consider repeating SypT test in 3-4 weeks.
3	Equivocal	Reactive (Titer)	Reactive	Serological evidence of syphilis. Also consider late latent or late syphilis. Clinical correlation with patient symptoms and treatment history is necessary for test interpretation.
4	Equivocal	Reactive (Titer)	Non-Reactive	No serological evidence of infection with T. pallidum. Possible cross-reactivity with other spirochetes/related antigens.
5	Equivocal	Reactive (Titer)	Inconclusive	This result may represent an early primary syphilis infection or a biological false positive result. Consider repeating this test once in 3-4 weeks if primary syphilis is clinically suspected. A repeat Equivocal result most likely represents a biological false positive reaction.
6	Reactive	Non-reactive	Reactive	Serological evidence of a resolved case of syphilis. Also consider late latent or late syphilis (up to 30% of late syphilitic infections may be RPR negative). Clinical correlation with patient symptoms and treatment history is necessary for test interpretation.

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7	Reactive	Non-reactive	Non-reactive	Mostly likely a false-positive test result, but syphilis cannot be entirely ruled out. If clinical history suggests a risk for syphilis then SypT should be repeated in 3-4 weeks. Failure of the RPR or TP-PA to convert to positive on repeat testing most likely indicates a biological false positive SypT result.
8	Reactive	Non-reactive	Inconclusive	Possible false-positive test result, but syphilis cannot be ruled out. Consider repeating this test in 3 -4 weeks if early primary syphilis is clinically suspected. Failure of the RPR or TP-PA to convert to positive on repeat testing most likely indicates a biological false positive SypT result.
9	Reactive	Reactive	Non-reactive	Mostly likely a false-positive test result, but syphilis cannot be entirely ruled out. If clinical history suggests a risk for syphilis then SypT should be repeated in 3-4 weeks. Failure of the TP-PA to convert to positive on repeat testing most likely indicates a biological false positive SypT result.
10	Reactive	Reactive (Report titer) $\geq$ R 1:2	Not Performed	Serological evidence of syphilis infection (new, inadequately treated, persistent, or repeat infection). Clinical correlation with patient symptoms and treatment history is necessary for test interpretation.
11	Reactive	Reactive (Report titer) R 1:1	Reactive	Serological evidence of a previously treated or untreated syphilis infection. Clinical correlation with patient symptoms and treatment history is necessary for test interpretation.